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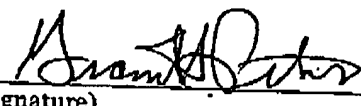
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NAME: **TO:** Examiner Reginald Alexander
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TELECOPY NO.: (703) 872-9306
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DIRECT DIAL: 312-214-8332
E-MAIL: grantpeters@btlaw.com
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Art Unit:	3754	
Confirmation No.	8253	
Application No.	10/682,642	
Invention	Brewer	
Inventor	Burton L. Hart et al.	}  (Signature)
Filed	October 9, 2003	
Atty Docket No.	27726-94930	
Examiner:	Reginald Alexander	} Grant H. Peters (Printed Name)

CHDS01 GHP 279217v1

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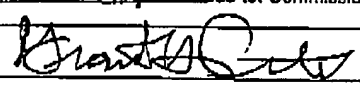
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TRANSMITTAL FORM (to be used for all correspondence after initial filing)	Application Number	10/682,642
	Filing Date	10/9/03
	First Named Inventor	Nart
	Art Unit	3754
	Examiner Name	Alexander
	Attorney Docket Number	27726-94930
Total Number of Pages in This Submission		

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<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input checked="" type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation <input type="checkbox"/> Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Other Enclosure(s) (please identify below):
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Typed or printed name	GRANT H. PETERS	Date	7/21/05

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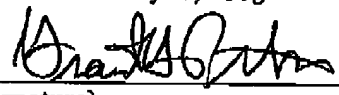
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<i>Attorney</i>	27726-94930	}	<u>Grant H. Peters</u>
<i>Docket No.:</i>		}	(Printed Name)
<i>Examiner:</i>	Reginald Alexander	}	

AMENDMENT AND RESPONSE

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Sir:

In response to the Office Action, please amend the above-identified application as follows:

Amendments to the Claims are reflected in the listing of claims which begins on page 2 of this paper; and

Remarks begin on page 8 of this paper.

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